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## \*BIBDATASHEET\*

CONFIRMATION NO. 5045

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/776,649	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> <del>424</del> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> ABXPF1 DIV2
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/612,497 07/01/2003 which is a DIV of 09/472,087 12/23/1999 PAT 6,682,736  
 which claims benefit of 60/113,647 12/23/1998

OK - I.O.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None - I.O.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>John Ruspawski</i> Initials: <i>JD</i>				

## ADDRESS

1473

## TITLE

METHODS AND HOST CELLS FOR PRODUCING HUMAN MONOCLONAL ANTIBODIES TO CTLA-4

<b>FILING FEE RECEIVED</b> 14000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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